

Ohio Comprehensive Primary Care (CPC) Program: Frequently Asked Questions

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OHIO'S HEALTH CARE PAYMENT INNOVATION INITIATIVE OVERVIEW

Questions	Answers
<p>What is Ohio's payment innovation initiative?</p>	<p>Ohio's payment innovation initiative, led by the Governor's Office of Health Transformation (OHT), brings together payers, providers, and other healthcare stakeholders to broadly transform the Ohio health delivery system to achieve better health, better care, and cost savings. In February 2013, OHT was awarded a federal State Innovation Model (SIM) grant to design payment models that increase access to comprehensive primary cares and support episode-based payments for acute medical events. In July 2014, the state submitted an application for a federal State Innovation Model Test award through the Center for Medicare and Medicaid Innovation (CMMI), to implement both programs over the next 4 years. As an initial step, Medicaid and participating commercial plans are launching performance reports for 6 episodes of care.</p>
<p>Why is this happening now?</p>	<p>Health care spending across state and commercial payers in Ohio is growing at an unsustainable rate, leading to higher premiums and higher spend for the state. Even so, health care outcomes for Ohioans are poor: Across all 50 states, Ohio has the 18th highest healthcare spend per person, but ranks 36th in terms of population health. This initiative is being implemented now to replace the trend of growing costs and consistently poor health outcomes with vastly improved population health and more stable costs.</p>
<p>What new payment and delivery models will be part of this initiative?</p>	<p>Ohio's payment innovation will ultimately include both implementing episodes of care and patient centered medical homes. Both programs will include payment incentives to reward high quality, low cost care (i.e., gain-sharing for CPC, gain/risk-sharing for episodes), performance reporting, and additional provider support.</p>
<p>What is the timing for implementation?</p>	<p>An overview of the five-year strategy can be found here. Medicaid and participating commercial payers are starting with performance reporting for an initial set of 6 episodes – asthma, chronic obstructive pulmonary disease (COPD), perinatal, total joint replacements (TJR), and acute and non-acute percutaneous coronary interventions (PCI) – with the first performance reports to be shared with providers in November 2014. For CPC, the Comprehensive Primary Care Initiative 4 (CPCI) in Southwest Ohio is on-going and will inform the design of the broader statewide CPC program to be rolled out in SIM implementation.</p>
<p>Is provider participation mandatory for Medicaid?</p>	<p>No, but the State hopes that all providers will join as there are strong incentives for participation in the program.</p>

Questions	Answers
<p>How will the Comprehensive Primary Care (CPC) and episode programs interact?</p>	<p>CPC and episodes are complementary care delivery and payment approaches. CPC provides the foundation for total cost and quality accountability and primarily target the primary care community, particularly in caring for the chronically ill and improving overall population health. Episode based performance measurement and payment encourage high value care for acute situations and some specific conditions and are more applicable to the specialists and facilities that deliver acute care. It will be easier for a CPC practice to succeed if the acute care providers it interacts with assume greater accountability for acute events. Similarly, providers that lead an episode of care will find it easier to be successful if a patient has a strong CPC practice that will coordinate care across multiple episodes and care types. While some larger health systems that own primary care, specialists, and facilities may participate in both programs, most practices in Ohio will likely end up participating in one or the other.</p>
<p>What about providers who are in or developing accountable care organizations (ACOs)?</p>	<p>While the state is developing episode and CPC programs, this is not designed to preclude providers from moving towards even more aggressive value-based payment models, such as capitation or risk-bearing ACOs. The goal of the episodes and of the CPC program is to provide the building blocks for a healthcare system founded on quality of health outcomes, rather than quantity of treatments. For example, episode performance reporting can provide data that will help an ACO understand some of its cost drivers and target areas to improve performance.</p>

CPC OVERVIEW

Questions	Answers
<p>What is a Comprehensive Primary Care?</p>	<p>Comprehensive Primary Care is Ohio's patient-centered medical home program: a team-based care delivery model led by a primary care practice who comprehensively manages a patient's health needs. The aim is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. Some form of CPC exists in nearly all of the 50 states, with sources of value including appropriateness of care setting (i.e. encouraging patients to use outpatient sites of care), expanded access to care, improved treatment adherence, and reduced admissions, among others.</p>

<p>Why are we doing a Comprehensive Primary Care program?</p>	<p>Most medical costs in the health system occur outside of a primary care practice. However, primary care practitioners can guide many decisions that impact those broader costs, improving efficiency and care quality. Primary care practitioners often have trusted relationships with patients over the course of those patients' acute and chronic conditions.</p>
<p>Why should practices sign up for this program?</p>	<p>Financial benefits: Payers will support CPC formation and the new care delivery model by aligning payment using two streams in addition to existing payment arrangements: the per-member-per-month (PMPM) payment to compensate practices for activities that are required for the CPC program (such as 24/7 access and developing care plans), and the shared savings payments for achieving total cost of care savings and meeting pre-determined quality targets. Additionally, some practices also may be eligible for one-time Practice Transformation support to help them begin the transition to a CPC practice.</p> <p>Non-financial benefits: Joining the CPC program means recognition as a state-designated CPC practice, which can help attract new members; access to data and reporting that will provide the actionable, timely information that practices need to make better decisions about outreach, care and referrals; and the opportunity to access a full suite of tools including peer-led education for physicians and practice managers on how to be more successful in the new environment of value-based contracting.</p>
<p>How is this different from other CPC programs that have already been implemented in Ohio?</p>	<p>This program is uniquely meant to cover the whole population of Ohio. The goal is to achieve a consistently high standard of care across at least 80% of our state. The Ohio CPC program is consistent with existing programs- it was created by looking at other existing CPC initiatives in the state and building on them to make this a truly state-wide program</p>

PAYER PARTICIPATION

Questions	Answers
Which payers are included in this program?	Ohio CPC is a multi-payer initiative. In 2017 we are launching the program with Medicaid across all fee-for-service and all managed care plans (MCPs: Buckeye, CareSource, Molina, Paramount, and UnitedHealth). 4 commercial payers (Aetna, Anthem, Medical Mutual of Ohio, and United HealthCare) have been heavily involved in the design of the Ohio CPC program and have committed to launching CPC programs by 2018. The aim is to expand across all payers in the next five years.
Are the commercial programs different from Medicaid's?	There is one Ohio CPC program. However, timelines, eligibility, and payment may be aligned with existing programs and/or tailored to the specific patient population.

ENROLLMENT

Questions	Answers
Who can sign up for the program?	For the Medicaid CPC program, practices of the eligible practice type and specialty who have more than 500 total Medicaid members across FFS and MCPs will be eligible to enroll for payment beginning in 2018. For payment beginning in 2017, practices must have either at least 5,000 Medicaid members and national accreditation; at least 500 Medicaid members with claims-only attribution and NCQA III; or at least 500 Medicaid members and be part of Medicare CPC+. Specific eligibility requirements may vary by payer.
When can practices enroll?	For the Medicaid CPC enrollment will begin for most practices in fall of 2017 and then occurs annually in the third quarter of every year. Enrollment timelines may vary by payer.
What are the requirements to enroll?	For the Medicaid CPC, enrollment requires attestation to meeting a set of activity requirements within 6 months, a commitment to sharing data with payers and the Ohio Department of Medicaid (ODM), and participating in learning activities as determined by ODM or its designee. Enrollment requirements vary by payer.
Do practices have to enroll separately for Medicaid and commercial patients?	Yes. Practices will have to enroll by payer. For Medicaid, practices enroll once, and this enrollment includes both FFS all MCPs; for commercial and Medicare practices may have to enroll separately as the different programs come online there may be different enrollment processes.
How can practices leave the program?	CPCs are allowed to leave a CPC program anytime through official notification to the state via the Medicaid practice portal. Practices will automatically be reenrolled in the program unless they choose to unenroll. Rules around program unenrollment may vary by payer.

PRACTICE PARTNERSHIPS

Questions	Answers
Will practices with fewer than five hundred Medicaid members ever be able to participate in the program?	For Medicaid CPC, practices with fewer than 500 Medicaid members cannot participate in the program, in order to ensure that providers meet minimum denominator requirements for our quality measures. Eligibility requirements for the program vary by payer.
Why would a practice want to join a Practice Partnership?	While any practices with over 500 Medicaid members can participate in the Medicaid CPC program and receive a PMPM, only practices with at least 5,000 Medicaid members (either independently or through forming a Practice Partnership) are eligible for the shared savings payments.
How do practices create or become part of a Practice Partnership?	For Medicaid CPC, all participants of the Practice Partnership must be eligible for the CPC program independently, and must notify the State of their intent to participate in a Practice Partnership via the Medicaid portal. We are working through the details and it will be finalized by spring 2017. State will provide information that help you to choose your partners.
When can practices join and leave Practice Partnerships?	For Medicaid CPC, practices can decide at the beginning of each enrollment period to join or leave an existing or new Practice Partnership, and make this change by notifying the State. If they do not notify the State then their Partnership participation status will carry over from the previous year.
Can practices be part of more than one Practice Partnership?	No. Practices may only be part of one Practice Partnership during any given performance period.

LEARNING AND RESOURCES

Questions	Answers
What types of learning/training activities are required?	Practices will be given the opportunity to participate in various learning and training activities, including group fora for best practice sharing, online webinars, and in-person presentations, as well as access to a full suite of information and tools

Questions	Answers
<p>What kinds of trainings and resources are available?</p>	<p>Information about Ohio CPC is found on the Medicaid website. There will be many resources to help practices become better CPC practices: a compendium of resources for practice support, a provider “toolkit” for patient engagement, materials to distribute to patients, opportunities for collaborative learning, live trainings, and more. For certain practices additional practice transformation support may also be available. Payer-specific information will be found on individual websites.</p>
<p>How will participating practices be expected to help educate other practices about CPC?</p>	<p>Practices will be expected to participate in best practice sharing and coaching with other CPC practices, and also have the opportunity to become ambassadors for CPC in their community. These are great ways to help other practices join the program and become successful CPC practices.</p>

REQUIREMENTS

Questions	Answers
<p>What are practices expected to do right away when they join the CPC program?</p>	<p>Upon joining the program, practices are expected to begin working towards meeting eight activity requirements (by the six-month evaluation mark for Medicaid CPC), as listed on the ODM website.</p>
<p>What are practices expected to be doing at the 1-year evaluation mark?</p>	<p>After initial program ramp-up (at the one-year evaluation mark for Medicaid CPC) practices are expected to meet all eight activity requirements and a percentage of each clinical quality and efficiency measures. CPC practices with more than 5,000 Medicaid members individually or through Practice Partnerships are also expected to be making meaningful reductions in the total cost of care for their patient panel.</p>
<p>Which stakeholders contributed input to the development of program requirements?</p>	<p>Core requirements were developed through an iterative process with multiple stakeholder groups. Requirements are designed to be recognized (used in national and Ohio programs), effective (prioritizing outcomes over process and minimizing the burden on practices), and inclusive (aligning with Ohio’s population health priorities, and relevant for all practice types and age groups).</p>
<p>How will requirements be tracked?</p>	<p>For Medicaid CPC, activity requirements will be tracked via attestation on the Medicaid portal. Clinical quality and efficiency measures and total cost of care will be tracked via claims data (consolidated across Medicaid FFS and managed care for Medicaid CPC).</p>

Questions	Answers
Is payment contingent on all requirements?	Providers must pass all of the activity requirements, 50% of applicable clinical quality metrics, and 50% of applicable efficiency metrics to qualify for PMPM or shared savings payments. There are 8 activity requirements, 20 clinical quality metrics, and 5 efficiency metrics. These are all tied to payment, with the exception of one efficiency metric – the metric related to episode-based payments – which is informational-only for performance year 2017.
What happens if practices think they have been evaluated inaccurately or unfairly?	For Medicaid CPC, CPC practices may not make use of hearing rights under 119 of the Revised Code to challenge a decision made by the department; however, reconsideration rights as stated in 5160-70-01 and 5160-70-02 of the Administrative Code may be utilized. Appeals and reconsideration will vary by payer.
How does this work for practice partnerships?	For Medicaid CPC, practices who are part of Practice Partnerships will be measured against the activity, clinical quality, and efficiency requirements at the practice level. Each individual practice in the partnership must pass all requirements. Total cost of care will be measured only at the Practice Partnership level.
What happens if a practice fails a set of requirements?	For Medicaid CPC, payment will be terminated after a practice fails to meet activity requirements, or after two warnings (a warning is achieved by failing either the clinical quality and efficiency requirement gate). If payment is suspended, the CPC practice is still in the Ohio CPC program and can prove compliance at any time by providing appropriate documentation that requirements have been met. Upon proof, payment will resume in the next payment cycle. However, after two consecutive quarters of suspended payment practices will be required to reenroll in the program.

PAYMENT

Questions	Answers
When does payment start?	For Medicaid CPC, practices will receive one payment across Medicaid FFS and all five managed care plans. For Medicaid CPC, payment will begin January 1 st the year after a practice enrolls: for example, if a practice enrolls in the 2017 enrollment period, PMPM payments will begin in January of 2018 (the beginning of the performance period). For other CPC programs, payment times may vary.
How do practices know how much they will be paid?	Practices will be paid a risk-adjusted PMPM which averages to about \$3-5. This means that most practices can estimate annual PMPM payments by multiplying \$3-5 by the number of Medicaid patients in its panel, multiplied by 12 months. Practices with > 5,000

Questions	Answers
	Medicaid members either independently or via a Practice Partnership may also receive additional payments via the shared savings payment. Payment amounts vary by payer.
How can practices access practice transformation support?	Available funding varies by payer. Details are still to be determined for Medicaid CPC.

DATA

Questions	Answers
What data will practices receive if they are part of CPC?	Practices will receive data reflecting performance on the measures for the Ohio CPC program described above including total cost of care. For Medicaid CPC, practices will receive a consolidated quarterly progress report and an annual performance report across Medicaid FFS and all MCPs reflecting performance on all requirements.
Where do practices go to access their reports?	Methods for accessing reports will vary by payer. For Medicaid CPC practices will access their reports through the Medicaid practice portal.
Who can see the data about each practice?	Data collected through the CPC program can be seen by the payer who provides any given report, and the practice who receives it. Medicaid CPC reports can be seen by the State, MCPs, and the practice receiving the report. Reporting for practices within a practice partnership is yet to be determined.
How do practices find more information about how to read their reports?	This will vary by payer. For Medicaid reports, please refer to the Medicaid website.